Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 1 of 47

Fill in this information to identify your case:			
United States Bankruptcy Court for the:]	
NORTHERN DISTRICT OF ILLINOIS, WESTERN DIVISION			
Case number(if known)	Chapter you are filing under:		
	Chapter 7		
	☐ Chapter 11		
	☐ Chapter 12		
	☐ Chapter 13		Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued	Lisa First name	First name
	exan	ure identification (for nple, your driver's	A	
		nse or passport). g your picture	Middle name	Middle name
	iden	y your picture tiffication to your meeting the trustee.	Thome Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-8190	

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 2 of 47

Del	otor 1 Thome, Lisa A		Case number (if known)
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	About Debtor 1: I have not used any business name or EINs. Business name(s)	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs. Business name(s)
	doing business as names	Dusiness name(s)	business name(s)
		EINs	EINs
5.	Where you live	1213 Townsend St	If Debtor 2 lives at a different address:
		Sycamore, IL 60178-2530 Number, Street, City, State & ZIP Code	Number Charles City Co. A. 777 C.
		activate companients de la catalogia de la responsació Mandago de Paper activation de la Companient ().	Number, Street, City, State & ZIP Code
		DeKalb County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's malling address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	 Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) 	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 3 of 47

Deb	tor 1	Thome, Lisa A				Case num	ber (if known)
Part	2:	Tell the Court About Y	our Bank	ruptcy Ca	se		
7.	Bank	chapter of the ruptcy Code you are	Check on 2010)). A	e. (For a b	rief description of each, see Notic he top of page 1 and check the ap	e Required by 11 U.S.C. § 3 propriate box.	342(b) for Individuals Filing for Bankruptcy (Form
	cnoc	sing to file under	■ Chap	ter 7			
			☐ Chap	ter 11			
			☐ Chap	ter 12			
			☐ Chap	ter 13			
8.	How	you will pay the fee	abo If y pre	out how you our attorned printed ac	u may pay. Typically, if you are pa ey is submitting your payment on y ddress.	ying the fee yourself, you ma your behalf, your attorney may	erk's office in your local court for more details by pay with cash, cashier's check, or money order. by pay with a credit card or check with a
			☐ Ine	eed to pay ng Fee in l	the fee in installments. If you on the stallments (Official Form 103A).	choose this option, sign and a	attach the Application for Individuals to Pay The
			☐ I re	equest that required to r family size	t my fee be waived (You may re	quest this option only if you a only if your income is less that ee in installments). If you cho	are filing for Chapter 7. By law, a judge may, but is an 150% of the official poverty line that applies to cose this option, you must fill out the <i>Application</i> th your petition
						,	, you partition.
		you filed for ruptcy within the last	■ No.				
	8 yea	irs?	☐ Yes.				
				District		When	TO THE STATE OF TH
				District	(A)	When	Case number
				District		Mhen	Case number
10.	a spo this o a bus	iny bankruptcy cases ing or being filed by buse who is not filing case with you, or by siness partner, or by filiate?	7.7				
				Debtor	***************************************		_ Relationship to you
				District		Vhen	Case number, if known
				Debtor			Relationship to you
				District		Vhen	Case number, if known
11.		ou rent your ence?	■ No.	Go to I	ine 12.		
	10010		☐ Yes.	Has yo	ur landlord obtained an eviction ju	dgment against you and do y	ou want to stay in your residence?
					No. Go to line 12.		R (7)
					Yes. Fill out <i>Initial Statement Abo</i> bankruptcy petition.	out an Eviction Judgment Ag	ainst You (Form 101A) and file it with this

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 4 of 47

Deb	otor 1 Thome, Lisa A			Case number (if known)			
47-1-1							
Par	13: Report About Any Bu	sinesses	You Own as a Sole Proprie	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, St				
	to this petition.			ox to describe your business:			
				ness (as defined in 11 U.S.C. § 101(27A))			
			- 1873 and 5000 on 1	Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A))			
				Commodity Broker (as defined in 11 U.S.C. § 101(6)A)			
			☐ None of the abov				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are a	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure in 11			
	For a definition of small	■ No.	I am not filing under Cha	pter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardous Property or An	y Property That Needs Immediate Attention			
14.		■ No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		What is the hazard?				
	safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code			
				Number, Succes, Sity, State & Zip Code			

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 5 of 47

1000000	tor 1 Thome, Lisa A					Case number (if known)
ar	5: Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling			
		Abo	out Debtor 1:	,	Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether you have received a briefing about credit counseling.	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.	1		must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before you		Attach a copy of the certificate and the payment plaif any, that you developed with the agency.	an,		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.		I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, but I do not have certificate of completion.	1		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	If you file anyway, the court can dismiss your case, you will lose whatever filing fee		Within 14 days after you file this bankruptcy petition you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waive of the requirement.	7		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining wh efforts you made to obtain the briefing, why you we unable to obtain it before you filed for bankruptcy, a what exigent circumstances required you to file this	re and		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			case. Your case may be dismissed if the court is			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency along with a copy of the payment plan you developed.	y,		If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			if any. If you do not do so, your case may be dismissed.			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted onle for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:			I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficienthat makes me incapable of realizing or ma rational decisions about finances.	cy kinţ		☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			☐ Disability. My physical disability causes me to be unal to participate in a briefing in person, by phon or through the internet, even after I reasonab tried to do so.	e,		Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a military combat zone.			Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a brief about credit counseling, you must file a motion for waiver credit counseling with the court.	ing r		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 6 of 47

Deb	tor 1 Thome, Lisa A			Case numl	ber (if known)			
Par	Answer These Question	ons for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily e individual primarily for a per-	consumer debts? Consumer debts are def sonal, family, or household purpose."	fined in 11 U.S.C.§ 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	owe that are not consumer debts or business	s debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. paid that funds will be availa	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will be		■ No					
	available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25.001-50.000			
	you estimate that you owe?	□ 50-99		□ 5001-10,000	☐ 50,001-100,000			
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000			
19.	How much do you	■ \$0 - \$	50 000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
			001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500,	001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	s 0-\$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,	001 - \$1 million	100,000,001 - \$500 million	More than \$50 billion			
Par	7: Sign Below							
For	you	I have ex	amined this petition, and I dec	clare under penalty of perjury that the informa	ation provided is true and correct.			
		If I have States Co	chosen to file under Chapter ode. I understand the relief av	r 7, I am aware that I may proceed, if eligible vailable under each chapter, and I choose to	e, under Chapter 7, 11,12, or 13 of title 11, United proceed under Chapter 7.			
		If no attor	rney represents me and I did ained and read the notice requ	not pay or agree to pay someone who is not uired by 11 U.S.C. § 342(b).	an attorney to help me fill out this document, I			
		I request	relief in accordance with the	e chapter of title 11, United States Code, sp	ecified in this petition.			
		l underst	and making a false stalement esult in finder up to \$240 mg/	of a Imprisonment for up to 20 years, or both	Years Resident Reside			
		Lisa A Signature	Thome e of Debtor 1	Signature of Deb	tor 2			
		Executed		Executed on				
			MM / DD / YYYY	M	M / DD / YYYY			

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 7 of 47

Debtor 1 Thome, Lisa A		Cas	se number (if known)
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United States C person is eligible. I also certify that I have delivere	code, and have explained d to the debtor(s) the noti	formed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ice required by 11 U.S.C. § 342(b) and, in a case in
If you are not represented by an attorney, you do not need to file this page.	which § 707(b)(4)(D) applies, certify that I have no petition is incorrect.	knowledge after an inqui	ry that the information in the schedules filed with the
	Signature of Attorney for Debtor	Date	March 16, 2016 MM / DD / YYYY
	Brian Wright		
	Brian Wright & Associates, P.C.		
	437 West State Street Suite 101		
	Sycamore, IL 60178 Number, Street, City, State & ZIP Code		
	Contact phone (815) 895-2074	Email address	_bw@wrightandassociateslaw.com
	6304330 Bar number & State		

		DOCUM	<u>201 Page 8 01 4</u>		
Fill in this inform	mation to identify your	case:			
Debtor 1	Lisa A Thome				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, WESTERN I	DIVISION	
Case number (if known)					☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

-			
Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,604.34
	1c. Copy line 63, Total of all property on Schedule A/B	\$	9,604.34
Par	t 2: Summarize Your Liabilities		
			abilities tyou owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$	1,274.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	113,992.76
	Your total liabilities	\$	115,266.76
Par	13: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	1,102.58
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	711.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	her schedul	les.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal, fam	nily, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo	x and subn	nit this form to the

court with your other schedules.

Debtor 1 Thome, Lisa A Document Page 9 of 47 Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: OR Form 122B Line 11: OR Form 122C-1 Line 14

\$ 227.71

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,274.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,274.00

	Document	Page 10 of 47		
ation to identify your cas	se and this filing:			
Lisa A Thome				
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
	ORTHERN DISTRICT OF ILL		ON I	
kruptcy Court for the: No	OKTHERN DISTRICT OF ILL	INOIS, WESTERN DIVISIO	<u> </u>	
		<u> </u>		☐ Check if this is an
				amended filing
<u>m 106A/B</u>				
e A/B: Prope	rty			12/15
as complete and accurate a space is needed, attach a se ion.	ems. List an asset only once. If it is possible. If two married peop eparate sheet to this form. On the and, or Other Real Estate You O	le are filing together, both are he top of any additional page	e equally responsible for su	pplying correct
				
ve any legal or equitable int	terest in any residence, building	g, land, or similar property?		
2.				
the property?				
our Vehicles				
s. If you lease a vehicle, als	ole interest in any vehicles, voice report it on Schedule G: Exe			noise you own that
cks, tractors, sport utility	vehicles, motorcycles			
)odge	Who has an interest in t	ho proporty? Cheek one	Do not deduct secured of	claims or exemptions. Put
leon	Who has an interest in t	ne property? Check one	the amount of any secur	red claims on Schedule D: aims Secured by Property.
005	Debtor 1 only ☐ Debtor 2 only			
mileage:	Debtor 1 and Debtor 2	2 only	Current value of the entire property?	Current value of the portion you own?
ation:	At least one of the deb			
	Check if this is comr	nunity property	\$3,800.00	\$3,800.00
value of the portion you ched for Part 2. Write that		rom Part 2, including any	entries for pages	\$3,800.00 Current value of the portion you own? Do not deduct secured
our Person	al and Househo	al and Household Items		al and Household Items

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

	Case 16-8	30695	Doc 1	Filed 03/22/16		:05:01	Desc Main
Debtor 1	Thome, Lisa	Α		Document	Page 11 of 47 Case number	er (if known)	
■ Yes.	Describe	Flat Scr	reen Televi	er, Laptop Computer ision, Dining Room Table with 4 Chairs,	r, 2 Beds, 2 Dressers, 19 incl Table with 6 Chairs, China Epson Printer	h	\$900.00
■ No	les: Televisions an			tereo, and digital equipme ia players, games	ent; computers, printers, scanners; i	music collect	tions; electronic devices
Example No	bles of value les: Antiques and f collections, m		, collectibles	s, or other artwork; book	s, pictures, or other art objects; stan	np, coin, or b	aseball card collections; other
		Picture					\$70.00
Exampl □ No □	ent for sports an les: Sports, photog instruments			ner hobby equipment; bio	cycles, pool tables, golf clubs, skis; o	canoes and k	ayaks; carpentry tools; musical
	2 00020	Scrapb	ooking				\$300.00
■ No □ Yes. 11. Clothe Examp	ples: Pistols, rifles Describe	·	leather coats,	, and related equipment designer wear, shoes, a			\$250.00
■ No		elry, costur	me jewelry, er	ngagement rings, weddin	g rings, heirloom jewelry, watches, ç	gems, gold, s	ilver
Exam _l ■ No	orm animals oles: Dogs, cats, b	oirds, horse	es				
■ No	her personal and			did not already list, in	cluding any health aids you did r	ot list	
		•		om Part 3, including an	y entries for pages you have atta	iched for	\$1,520.00
	escribe Your Financ						
Do you ov	vn or have any le	egal or equ	uitable intere	st in any of the followi	ng?		Current value of the portion you own? Do not deduct secured claims or exemptions.

		Case 16-	-80695	Doc 1				03/22/16 16:05:01	Desc Main
De	ebtor 1	Thome, Lis	a A		Docun	nent	Page 12 (Case number (if known)	
16	Cash								
	_Exam _l	ples: Money you	have in your	wallet, in you	r home, in a sa	afe deposit	box, and on har	nd when you file your petition	
	□ No								
	■ Yes.			•••••			•••••	cash	\$10.00
17.	Exam _l						deposit; shares i titution, list each	in credit unions, brokerage hous	ses, and other similar
	■ No □ Yes.				ı	nstitution r	name:		
18.		, mutual funds , <i>ples:</i> Bond funds				rms, mone	y market accoun	ts	
	■ No □ Yes.		Į,	nstitution or is	ssuer name:				
19.			tock and in	terests in inc	corporated ar	nd uninco	rporated busine	esses, including an interest i	n an LLC, partnership, and
	joint v ■ No	enture/							
	☐ Yes.	Give specific in		bout them e of entity:				% of ownership:	
20	Carran			,	namatiahla am		aatiabla inatuu	·	
20.	Negot	nment and corp tiable instruments negotiable instrum	include per	sonal checks,	, cashiers' che	ecks, promi	issory notes, and	d money orders.	
		Give specific infe		out them er name:					
21.	Retirer	ment or pensior	accounts						
				A, Keogh, 401	(k), 403(b), th	rift savings	s accounts, or o	ther pension or profit-sharing p	olans
		List each accour	nt separately	/.					
				account: or Similar	Plan I			oving & Storage, Inc.	\$254.34
22.	Your s Exam		d deposits y	ou have made				e from a company elecommunications companies	or others
	■ No □ Yes.				I	nstitution r	name or individu	al:	
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)									
	■ No □ Yes.	l:	ssuer name	and descripti	ion.				
	26 U.S.	ts in an education. C. §§ 530(b)(1),			a qualified A	ABLE prog	gram, or under	a qualified state tuition prog	ram.
	■ No □ Yes.	lı	nstitution na	ıme and descr	iption. Separa	tely file the	records of any i	nterests.11 U.S.C. § 521(c):	
25.	_	, equitable or fu	ıture intere	sts in proper	ty (other tha	n anything	g listed in line 1), and rights or powers exer	cisable for your benefit
	■ No □ Yes.	Give specific in	formation a	bout them					
	_Exam	s, copyrights, to ples: Internet don						ments	
	■ No □ Yes.	Give specific in	formation a	bout them					

		Case	16-80695	Doc 1	Filed 03/22/16 Document	Entered 03/22/16 Page 13 of 47	16:05:01	Desc Main
De	ebtor 1	Thome	, Lisa A		Document	Case n	umber (if known)	
	Examp ■ No	oles: Buildin	ises, and other g	ive licenses, o		oldings, liquor licenses, profes	ssional licenses	
M	oney or	property o	owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	□ No	unds owed	-	out them, inclu	uding whether you already	r filed the returns and the tax y	/ears	
				Anti	cipatetd 2015 Tax R	efund		\$3,400.00
29.	Examp		lue or lump sum a	, , ,	isal support, child suppo	rt, maintenance, divorce settl	ement, property s	ettlement
				Chile	d Support = \$620 a ı		upport	\$620.00
	■ No □ Yes. Interes	oles: Unpaid unpaid Give speci	d loans you made ific information ance policies	/ insurance pa e to someone	else	s, sick pay, vacation pay, wor		on, Social Security benefits;
	■ No		·		,	A); credit, homeowner's, or re	nter's insurance	
	☐ Yes.	Name the in	•	ny of each poli pany name:	cy and list its value.	Beneficiary:		Surrender or refund value:
32.	If you a died. No	are the bene			someone who has died proceeds from a life insur		ntitled to receive p	property because someone has
33.	Examp ■ No	oles: Accide	•	•	ou have filed a lawsuit surance claims, or rights	or made a demand for payn to sue	nent	
	■ No		•	d claims of e	every nature, including	counterclaims of the debto	r and rights to so	et off claims
			each claim ets you did not a	already liet				
	■ No		ific information	aneauy nsi				
	. Add t	he dollar v	alue of all of yo			y entries for pages you hav		\$4,284.34
Da	rt 5: De	scribe Any	Rusiness-Related	Property Vou	Own or Have an Interest I	n I ist any real estate in Part 1	•	

bescribe Any Business-Neiateu Property Tou Own of Have an interest in. List any real estate in Part 1

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Page 14 of 47

Case number (if known) Document Debtor 1 Thome, Lisa A 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$3,800.00 Part 3: Total personal and household items, line 15 \$1,520.00 58. Part 4: Total financial assets, line 36 \$4,284.34 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$9,604.34 Copy personal property total \$9,604.34

\$9,604.34

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

		17(7(-11)))		
Fill in this inform	mation to identify your	case:		
Debtor 1	Lisa A Thome			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, WESTERN DI	VISION
Case number _				
(II KIIOWII)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1:	Identify the Property You Claim as Exempt
--	---------	---

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you cla portion you own			Specific laws that allow exemption
	Copy the value from Check only one box for each exemption. Schedule A/B		eck only one box for each exemption.	
Dodge Neon	\$3,800.00		\$2,400.00	735 ILCS 5/12-1001(c)
2005 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Desktop Computer, Laptop Computer, 2 Beds, 2 Dressers, 19	\$900.00		\$400.00	735 ILCS 5/12-1001(b)
inch Flat Screen Television, Dining Room Table with 6 Chairs, China Cabinet, Kitchen Table with 4 Chairs, Epson Printer Line from Schedule A/B 6.1			100% of fair market value, up to any applicable statutory limit	
DVD's = 20 Pictures = 2	\$70.00		\$70.00	735 ILCS 5/12-1001(a)
Line from Schedule A/B. 8.1			100% of fair market value, up to any applicable statutory limit	
Scrapbooking Line from Schedule A/B 9.1	\$300.00		\$190.00	735 ILCS 5/12-1001(b)
Line Holli Golledule A/D 3.1			100% of fair market value, up to any applicable statutory limit	

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 16 of 47

Copy the value from				
Schedule A/B	Che	eck only one box for each exemption.		
\$250.00		\$250.00	735 ILCS 5/12-1001(a)	
		100% of fair market value, up to any applicable statutory limit		
\$10.00	•	\$10.00	735 ILCS 5/12-1001(b)	
		100% of fair market value, up to any applicable statutory limit		
\$254.34	•	\$254.34	735 ILCS 5/12-1006	
		100% of fair market value, up to any applicable statutory limit		
\$3,400.00		\$3,400.00	735 ILCS 5/12-1001(b)	
		100% of fair market value, up to any applicable statutory limit		
\$620.00			735 ILCS 5/12-1001(g)(4)	
		100% of fair market value, up to any applicable statutory limit		
	\$10.00 \$254.34 \$3,400.00	\$10.00	\$10.00 In the statutory limit	

□ No

☐ Yes

Fill in this inform	mation to identify your	case:		
Debtor 1	Lisa A Thome			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, WESTERN DIVIS	SION
Case number				
(if known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

			Docume	nt Page 18 o	of 47		i Carri
Fill ir	this inforr	mation to identify your cas					
Debto	or 1	Lisa A Thome					
		First Name	Middle Name	Last Name			
Debto		First Name	Middle Name	Last Name		11	
(Spous	e if, filing)						
Unite	d States Ba	inkruptcy Court for the: N	IORTHERN DISTRICT	OF ILLINOIS, WESTE	RN DIVISION	ii	
Case	number						
(if knov	vn)					_	if this is an
						amend	ed filing
Offic	cial Forr	n 106E/F					
		F: Creditors Who	o Have Unsecu	red Claims			12/15
		d accurate as possible. Use Pa			2 for creditors with NONF	PRIORITY claims, Lis	
		tracts or unexpired leases tha					
Sched	ule G: Execu	itory Contracts and Unexpired	Leases (Official Form 10	06G). Do not include any	creditors with partially se	cured claims that ar	e listed in Schedule
		lave Claims Secured by Prope					
	ntinuation P umber (if kn	age to this page. If you have r own).	o information to report in	n a Part, do not file that F	art. On the top of any ad	ditional pages, write	your name and
Part '	•	II of Your PRIORITY Unsec	ured Claims				
		ors have priority unsecured cl					
_	No. Go to F	• •	o ,				
	Yes.						
2. Li	ist all of you	r priority unsecured claims. If	a creditor has more than o	ne priority unsecured clair	n, list the creditor separatel	y for each claim. For e	ach claim listed,
		pe of claim it is. If a claim has b					
		e claims in alphabetical order ac one creditor holds a particular of			in two priority unsecured cla	aims, fill out the Contin	luation Page of Part
		ation of each type of claim, see			.)		
(1	or arrexplain	ation of each type of claim, see	The instructions for this form	IIII tile instruction bookiet	Total claim	Priority	Nonpriority
2.1	Illinois	Department of Revenu	Last 4 digits of	account number	\$1,274.00	amount \$1,274.00	amount \$0.00
		reditor's Name	<u> </u>			Ψ1,214.00	
			When was the	debt incurred?		_	
		Nyman St					
		ord, IL 61101-1231 Street City State Zlp Code	As of the date	you file, the claim is: Che	eck all that apply		
,		d the debt? Check one.	☐ Contingent	,			
	Debtor 1	only	☐ Unliquidated	1			
	Debtor 2 o	nnly	☐ Disputed				
	_	and Debtor 2 only	•	ITY unsecured claim:			
	_	ne of the debtors and another		pport obligations			
			_				
		this claim is for a community		ertain other debts you owe	•		
		subject to offset?		eath or personal injury whil	le you were intoxicated		
	■ No		Other. Speci				
	☐ Yes			TaxLienState ad	ccount opened 8/4/2	2014	
Part 2	2: List A	II of Your NONPRIORITY U	nsecured Claims				
3. D	o any credite	ors have nonpriority unsecure	d claims against you?				
	No. You ha	ve nothing to report in this part.	Submit this form to the cou	urt with your other schedule	es.		
	Yes.						
uı	nsecured clai	r nonpriority unsecured claim m, list the creditor separately for tor holds a particular claim, list the	each claim. For each clain	m listed, identify what type	of claim it is. Do not list cla	ims already included in	n Part 1. If more

Total claim

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 19 of 47

4.1	Advanced Radiology Consultants	Last 4 digits of account number	\$56.00
7.1	Nonpriority Creditor's Name		φ30.00
		When was the debt incurred?	
	1775 Dempster St		
	Park Ridge, IL 60068-1143 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	······································	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Open account	
4.2	Adventist Bolingbrook Hospit	Last 4 digits of account number	\$104.00
	Nonpriority Creditor's Name	·	*
	500 Damin atau Dhad	When was the debt incurred?	
	500 Remington Blvd Bolingbrook, IL 60440-4906		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Open account	
4.3	Adventist Bolingbrook Hospital	Last 4 digits of account number	\$81.00
	Nonpriority Creditor's Name	When was the debt insurred?	
	500 Remington Blvd	When was the debt incurred?	
	Bolingbrook, IL 60440-4906		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Open account	

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 20 of 47
Case number (f know)

Debtor 1 Thome, Lisa A 4.4 AT& T Mobility \$468.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5565 Glenridge Connector Atlanta, GA 30342-4756 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Open account ☐ Yes 4.5 AT&T Last 4 digits of account number \$40.00 Nonpriority Creditor's Name When was the debt incurred? 175 E Houston St San Antonio, TX 78205-2255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Open account 4.6 Last 4 digits of account number \$1,161.00 **Central Dupage Hospital** Nonpriority Creditor's Name When was the debt incurred? 25 N Winfield Rd Winfield, IL 60190-1295 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Open account ☐ Yes

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 21 of 47

I nome, Lisa A	Case number (r know)	
Central Dupage Physicians Group Nonpriority Creditor's Name	Last 4 digits of account number	\$97.00
Nonpholity Orealtor 3 Name	When was the debt incurred?	
875 Roosevelt Rd		
Glen Ellyn, IL 60137-6101 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Open account	
Central Dupage Physicians Group	Last 4 digits of account number	\$16.00
Nonpriority Creditor's Name	·	
075 Danassalt Dd	When was the debt incurred?	
875 Roosevelt Rd Glen Ellyn, IL 60137-6101		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Open account	
COMCAST	Last 4 digits of account number	\$105.00
Nonpriority Creditor's Name		
1500 Market St	When was the debt incurred?	
Philadelphia, PA 19102-2100		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Open account	

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 22 of 47

\$0.00	Last 4 digits of account number	Judy DeVriendt
	When was the debt incurred?	Nonpriority Creditor's Name
	When was the dept incurred:	24 W Cass St
		Joliet, IL 60432-4116
	As of the date you file, the claim is: Check all that apply	Number Street City State Zlp Code
		Who incurred the debt? Check one.
	☐ Contingent	Debtor 1 only
	☐ Unliquidated	Debtor 2 only
	☐ Disputed	Debtor 1 and Debtor 2 only
	Type of NONPRIORITY unsecured claim:	At least one of the debtors and another
	Student loans	Check if this claim is for a community
	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	debt Is the claim subject to offset?
	☐ Debts to pension or profit-sharing plans, and other similar debts	No
	_	■ No □ Yes
	Other. Specify	⊔ Yes
\$161.00	Last 4 digits of account number	Kishwaukee Medical Associates
Ψ101.00		Nonpriority Creditor's Name
	When was the debt incurred?	
		954 W State St
	As of the date you file, the claim is: Check all that apply	Sycamore, IL 60178-1335 Number Street City State Zlp Code
	• • • • • • • • • • • • • • • • • • • •	Who incurred the debt? Check one.
	☐ Contingent	Debtor 1 only
	☐ Unliquidated	Debtor 2 only
	☐ Disputed	Debtor 1 and Debtor 2 only
	Type of NONPRIORITY unsecured claim:	☐ At least one of the debtors and another
	☐ Student loans	☐ Check if this claim is for a community
	☐ Obligations arising out of a separation agreement or divorce that you did not	debt
	report as priority claims	s the claim subject to offset?
	Debts to pension or profit-sharing plans, and other similar debts	No
	Other. Specify Open account	Yes
\$0.00	Last 4 digits of account number	Ocwen Loan Servicing
		Nonpriority Creditor's Name
	When was the debt incurred?	1661 Worthington Pd Sto 100
		1661 Worthington Rd Ste 100 West Palm Beach, FL 33409-6493
	As of the date you file, the claim is: Check all that apply	Number Street City State Zlp Code
		Who incurred the debt? Check one.
	☐ Contingent	Debtor 1 only
	☐ Unliquidated	Debtor 2 only
	☐ Disputed	Debtor 1 and Debtor 2 only
	Type of NONPRIORITY unsecured claim:	At least one of the debtors and another
	☐ Student loans	☐ Check if this claim is for a community
	☐ Obligations arising out of a separation agreement or divorce that you did not	debt
	report as priority claims	s the claim subject to offset?
	Debts to pension or profit-sharing plans, and other similar debts	No
	Other. Specify	☐ Yes

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 23 of 47

Debt		Case number (it know)	
4.13	Physicians Immediate Care Nonpriority Creditor's Name	Last 4 digits of account number	\$125.00
	Nonpholity Cleditors Name	When was the debt incurred?	
	2496 Dekalb Ave		
	Sycamore, IL 60178-3153 Number Street City State Zlp Code	As of the data confile the elements Observed all that every	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	Continued	
		☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Open account	
	_ 155	Office: Specify	
4.14	Pro Town Properties	Last 4 digits of account number	\$2,170.00
	Nonpriority Creditor's Name	 -	+2,
		When was the debt incurred?	
	220 N Broadway St Joliet, IL 60435-7167		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Open account	
4.15	II C Dank	Last 4 digits of account number	\$400.4E0.76
4.13	U.S. Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$109,150.76
		When was the debt incurred?	
	800 Nicollet Mall		
	Minneapolis, MN 55402-7000 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		·	

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 24 of 47

Case number (f know)

Debtor 1 Thome, Lisa A 4.16 \$258.00 **Ultra Care Home Medical** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2400 E Devon Ave Des Plaines, IL 60018-4619 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Open account ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Afni, Inc. ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.4 of (Check one): PO Box 3097 Part 2: Creditors with Nonpriority Unsecured Claims Bloomington, IL 61702-3097 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address AT&T Headquarters Line **4.4** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 175 E Houston St ■ Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78205-2255 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Creditors Protection S Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 308 W State St Ste 485 ■ Part 2: Creditors with Nonpriority Unsecured Claims Rockford, IL 61101-1196 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Enhanced Recovery Co L** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 8014 Bayberry Rd Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32256-7412 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Illinois Collection SE Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 8231 185th St Ste 100 Part 2: Creditors with Nonpriority Unsecured Claims Tinley Park, IL 60487-9356 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Merchants Cr** Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 223 W Jackson Blvd Ste 4 ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60606-6908 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Merchants Credit Guide** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 223 W Jackson Blvd Ste 4 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60606-6908 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

C	ase 16-80695	Doc 1	Filed 03/22/16 E	ntered 03/	22/16 16:05:01	Desc Main	
Debtor 1 Tho	ome, Lisa A		Document Pa	ge 25 of 4 Case n	umber (f know)		
Merchants C			Line 4.7 of (Check one):	☐ Part 1: 0	Creditors with Priority Unsecu	ured Claims	
223 W Jacks Chicago, IL	son Blvd Ste 4 60606-6908			■ Part 2: 0	Creditors with Nonpriority Uns	secured Claims	
			Last 4 digits of account number				
Name and Addre			On which entry in Part 1 or Part 2 Line 4.3 of (Check one):		iginal creditor? Creditors with Priority Unsecu	urad Claima	
223 W Jacks	on Blvd Ste 4		Line 4.9 of (Check one).		Creditors with Nonpriority Un		
Chicago, IL	60606-6908		Last 4 digits of account number				
Name and Addre	ss		On which entry in Part 1 or Part 2	did you list the or	iginal creditor?		
Merchants C	redit Guide son Blvd Ste 4		Line 4.8 of (Check one):		Creditors with Priority Unsecu		
Chicago, IL				■ Part 2: 0	Creditors with Nonpriority Uns	secured Claims	
			Last 4 digits of account number				
Name and Addre Pan Am Col			On which entry in Part 1 or Part 2 Line 4.14 of (<i>Check one</i>):	· —	iginal creditor? Creditors with Priority Unsecu	ured Claims	
707 N East S	St n, IL 61701-3059				Creditors with Nonpriority Uns		
Biodillingto	1, 12 01701-3039		Last 4 digits of account number				
Name and Addre			On which entry in Part 1 or Part 2				
	Associates, P.C. son Blvd Ste 610		Line <u>4.15</u> of (<i>Check one</i>):		Creditors with Priority Unsecu Creditors with Nonpriority Uns		
Chicago, IL	60606-6911		Last 4 digits of account number	— Tan 2. C	reducts with Nonpholity on	secured Claims	
Name and Addre	99		On which entry in Part 1 or Part 2	did you list the or	iginal creditor?		
Rockford Me	er		Line 4.16 of (Check one):		Creditors with Priority Unsecu	ıred Claims	
2502 S Alpir Rockford, IL	ie Ka . 61108-7813			Part 2: 0	Creditors with Nonpriority Una	secured Claims	
			Last 4 digits of account number				
Name and Addre			On which entry in Part 1 or Part 2 Line 4.11 of (<i>Check one</i>):	· —	iginal creditor? Creditors with Priority Unsecu	red Claims	
201 E 3rd St			<u> </u>	_	Creditors with Nonpriority Uni		
Sterling, IL 6	01081-3611		Last 4 digits of account number				
Name and Addre			On which entry in Part 1 or Part 2	·	•		
Southwest 0 4120 Interna			Line 4.9 of (Check one):	_	Creditors with Priority Unsecu Creditors with Nonpriority Uns		
	X 75007-1957		Last 4 digits of account number	■ Pall 2. €	reducts with Nortpholity One	secured Claims	
Name and Addre	66		On which entry in Part 1 or Part 2	did you list the or	iginal craditor?		
State of Illin			Line <u>2.1</u> of (Check one):	•	Creditors with Priority Unsecu	ured Claims	
			Last 4 digits of account number	☐ Part 2: 0	Creditors with Nonpriority Uns	secured Claims	
	the Amounts for Each		nsecured Claim hims. This information is for stati	atical reporting	nurnosas anhy 2011 S.C. S	150. Add the amounts f	or each
type of unsecu		insecureu cia	amis. This imormation is for stati	stical reporting p	Jurposes only. 20 0.5.0. §	133. Add the amounts it	or each
	6a. Domestic supp	ort obligation	·s	6a.	Total Claim	0.00	
Total claims		_			•	0.00	
from Part 1			ts you owe the government I injury while you were intoxicate	6b. d 6c.	\$	274.00 0.00	
	6d. Other. Add all ot	ther priority un	secured claims. Write that amount	here. 6d.	\$	0.00	
	6e. Total Priority. A	dd lines 6a th	rough 6d.	6e.	\$ 4.	274.00	
	oo. Total Honty. A		g	00.	Ψ1,2	274.00	
	6f. Student loans			6f.	Total Claim	0.00	
					·		

Total claims

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 26 of 47

Debtor 1 Thome, Lisa A Document Page 26 of 47 Case number (f know)

from Part 2 6g. Obligations arising out of a separation agreement or divorce that

	ionic, L	iou A	0400	u	
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	113,992.76
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	113,992.76

		DOCUME	ni Page 77 0147	
Fill in this infor	mation to identify your	case:		
Debtor 1	Lisa A Thome			
	First Name	Middle Name	Last Name	—)
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, WESTERN DIVISION	_
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.4					
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

		Docume	nt Page 28 of 47	
Fill in thi	s information to identify your o			
Debtor 1	Lisa A Thome			
	First Name	Middle Name	Last Name	_ }
Debtor 2 Spouse if, fi	iling) First Name	Middle Name	Last Name	
	3,			
Jnited St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, WESTERN DIVISION	_
Case nun	nber			Charle if this is an
ii kiiowii)				Check if this is an amended filing
Officia	al Form 106H			
Sche	dule H: Your Code	ebtors		12/15
nd numbase num 1. Do No Ye 2. Wi Califo No Ye 3. In Co line 2 106D	per the entries in the boxes on ber (if known). Answer every on you have any codebtors? (If you have any codebtors? (If you have any codebtors? (If you have any codebtors, have you have any codebtor, have you have any codebtor. On the codebtor and the codebtor only if the ber the codebtor only if the c	the left. Attach the Addition less than a joint case, do lived in a community pro New Mexico, Puerto Rico, se, or legal equivalent live with the community pro se, or legal equivalent live with the community pro se, or legal equivalent live with the community pro live equivalent live with the community pro live equivalent live with the community pro live equivalent	not list either spouse as a codebtor. perty state or territory? (Community power of the state of territory) (Community power of the state of territory) (Texas, Washington, and Wisconsin.) th you at the time? pouse as a codebtor if your spouse is or cosigner. Make sure you have liste	eded, copy the Additional Page, fill it out, any Additional Pages, write your name and erroperty states and territories include Arizona, as filing with you. List the person shown in the creditor on Schedule D (Official Form Schedule E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and Z	ID Codo		The creditor to whom you owe the debt
3.1	Wayne Thome 8202 Seward Rd Joliet, IL 60431-8294		☐ Schedi ■ Schedi ☐ Schedi	ule D, line ule E/F, line 4.12 ule G oan Servicing
3.2	Wayne Thome 8202 Seward Rd Joliet, IL 60431-8294		■ Schede	ule D, line ule E/F, line 4.15 ule G k

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 29 of 47

Eil	in this information to identify your cas					l				
	otor 1 Lisa A Thom									
DC	LISA A THOM	<u>e</u>			_					
_	otor 2 juse, if filing)									
Uni	ted States Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS, W	ESTERN						
	se number lown)		-			☐ Ar		d filing	g postpetition o	chapter 13
0	fficial Form 106l					MI	M / DD/ Y	YYY		
S	chedule I: Your Inco	me					, 55, 1			12/15
spo atta	plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the control of th	spouse is not filing wit	h you, do not inclu	ide inform	ation	about yo	our spou	se. If more	e space is ne	eded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Emple	oyed		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed				☐ Not e	mployed		
		Occupation	Telemarketer							
	Include part-time, seasonal, or self-employed work.	Employer's name	Blackhawk Mo Storage	oving and	d					
	Occupation may include student or homemaker, if it applies.	Employer's address	340 South Ave Sycamore, IL		22					
		How long employed to	here? 2 yea	rs			_			
Par	t 2: Give Details About Mont	hly Income								
	mate monthly income as of the dat ss you are separated.	e you file this form. If y	ou have nothing to re	eport for an	y line	e, write \$0	in the spa	ace. Includ	e your non-filir	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this form		bine the information	for all empl	oyers	for that p	erson on	the lines b	elow. If you ne	ed more
						For Debt	tor 1		btor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$		544.22	\$	N/A	
3.	Estimate and list monthly overting	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add line	2 + line 3.		4.	\$	54	4.22	\$	N/A	

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 30 of 47

Deb	tor 1	Thome, Lisa A	_	Case	e number (<i>if known</i>)			
				Fo	r Debtor 1		ebtor 2 or iling spouse	
	Cop	by line 4 here	4.	\$	544.22	\$	N/A	
E	l int			_				
5.		all payroll deductions:	_	•		•		
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_ \$	96.03	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	»_ \$	3.29	\$	N/A	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	\$_	7.16	\$	N/A	
	5u. 5e.	Insurance	5d. 5e.	\$_	0.00	\$ —	N/A	
	5e. 5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A N/A	
	5g.	Union dues	5g.	\$_	0.00	\$——	N/A N/A	
	5h.	Other deductions. Specify:	5g. 5h.+	_ : _		+ \$	N/A	
_		• • •		Ψ_		· : —		
6. -		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	106.48	\$	N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	437.74	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	\$	664.84	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	- \$_	0.00	+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	664.84	\$	N/A	
10	Cald	culate monthly income. Add line 7 + line 9.	10. \$		1,102.58 + \$		N/A = \$ 1.	,102.58
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		1,102.30			,102.30
11.	Stat Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avoify:	lependen		·		le J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain					12. \$ 1 ,	,102.58
12	Do.	you expect an increase or decrease within the year after you file this form	2				monthly i	
10.		No.	•					
		Yes. Explain:						

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 31 of 47

Fill in	n this informat	tion to identify you	ır case:			l		
Debto		Lisa A Thome	е			Che	eck if this is: An amended filing	
Debte (Spor	or 2 use, if filing)						A supplement shown expenses as of the	wing postpetition chapter 13
		uptcy Court for the:		ERN DISTRICT OF ILLIN	OIS,		MM / DD / YYYY	
Case (If kn	numberown)							
		rm 106J			,	J		
		J: Your E						12/1
info	rmation. If monomore	ore space is need er every question ibe Your Househ	ded, attac n.	f two married people are h another sheet to this f				supplying correct our name and case numbe
	■ No. Go to	line 2. S Debtor 2 live in	a separa	te household?				
	□ N □ Y	-	file Officia	al Form 106J-2, <i>Expenses</i>	for Separate Househ	noldof Debt	or 2.	
2.	Do you have	e dependents?	□No					
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		12	□ No ■ Yes
								□ No □ Yes
							_	□ No
							_	Yes D No
								□ No □ Yes
3.	expenses of	enses include people other that your dependen	an 🗆	No Yes			_	00
expe	mate your ex		ır bankru	/ Expenses ptcy filing date unless yo is filed. If this is a suppl				
valu		sistance and hav		overnment assistance if d it on Schedule I: Your			Your exp	penses
4.		r home ownershi d any rent for the g		es for your residence. Ir ot.	clude first mortgage	4.	\$	0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		ty, homeowner's,	or renter's	insurance		4a. 4b.	:	0.00
	4c. Home	maintenance, rep	air, and u	pkeep expenses		4c.	·	100.00
_		owner's associatio				4d.		0.00
5.	Additional n	nortgage paymer	nts for you	ur residence , such as hor	ne equity loans	5.	\$	0.00

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 32 of 47

Debtor	Thome, Lisa A Ca	ase num	ber (if known)	
6. Ut	ilities:			
6a		6a.	\$	0.00
6b		6b.		75.00
60		6c.	\$	150.00
6d		6d.		0.00
	od and housekeeping supplies	- 7.	·	250.00
	nildcare and children's education costs	8.	\$	
			·	0.00
	othing, laundry, and dry cleaning	9.	\$	50.00
	rsonal care products and services	10.	\$	0.00
	edical and dental expenses	11.	\$	0.00
	ansportation. Include gas, maintenance, bus or train fare. onot include car payments.	12.	\$	0.00
	itertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	naritable contributions and religious donations	14.		0.00
	surance.	1-7.	Ψ	0.00
-	onot include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
15	b. Health insurance	15b.	\$	0.00
	c. Vehicle insurance	15c.	·	86.00
	d. Other insurance. Specify:	15d.	·	0.00
	Exes. Do not include taxes deducted from your pay or included in lines 4 or 20.	_ 150.	Ψ	0.00
Sp	ecity:	_ 16.	\$	0.00
	stallment or lease payments: a. Car payments for Vehicle 1	17a.	¢	0.00
	b. Car payments for Vehicle 2	17a. 17b.		
			·	0.00
	c. Other Specify:	17c.	·	0.00
	d. Other. Specify:	_ 17d. _	>	0.00
	our payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	her payments you make to support others who do not live with you.	10.	\$	0.00
	ecify:	19.	Ψ	0.00
	her real property expenses not included in lines 4 or 5 of this form or on Schedule	_	ır Income	
	a. Mortgages on other property	20a.		0.00
	b. Real estate taxes	20b.		0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	e. Homeowner's association or condominium dues	20a. 20e.		0.00
			+\$	
1. O t	her: Specify:		τ φ	0.00
2. C a	lculate your monthly expenses			
22	a. Add lines 4 through 21.		\$	711.00
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	711.00
	, , ,			7 1 1.00
	Ilculate your monthly net income.		_	_
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	· <u> </u>	1,102.58
23	b. Copy your monthly expenses from line 22c above.	23b.	-\$	711.00
23	c. Subtract your monthly expenses from your monthly income.	23c.	\$	391.58
04 De	The result is your <i>monthly net income</i> . you expect an increase or decrease in your expenses within the year after you file.			301100
Fo mo	r example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			or decrease because of a
	No.			
	Yes. Explain here:			

Fill in this infor	nation to identify your	case:			
Debtor 1	Lisa A Thome				
Debtor 2	First Name	Middle Name	Last Name	1	
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, WESTERN DIVIS	SION	
Case number (if known)					Check if this is an amended filing
Official Form		ın Individual	Debtor's Sche	dules	12/15
If two married ne	onle are filled together	both are equally respons	sible for supplying correct info		
You must file thi	s form whenever you fil	e bankruptcy schedules o	or amended schedules. Makin	o a false staten	nent, concealing property, or , or imprisonment for up to 20
Sig	n Below				
Did you pa	y or agree to pay some	one who is NOT an attorn	ey to help you fill out bankrup	tcy forms?	
■ No					
☐ Yes. N	Name of person			Attach Bani Declaration	kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)
Under pena that they ar X Lisa A	ty of perjury, I declare to true and correct. Thome	hat I have read the summ	x Signature of Debto		and
Signatu	re of Debtor 1				

Date March 16, 2016

Fil	in th	is informa	ation to identify you	case:			
De	btor 1		Lisa A Thome				
n _o	btor 2)	First Name	Middle Name	Last Name		
-	ouse if,	Nikanana	First Name	Middle Name	Last Name		
Un	ited S	States Ban	kruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS, WESTERN DIV	VISION	
		mber					
(if k	nown)						Check if this is an
							mended filing
Of	fici	al For	m 107				
	Statement of Financial Affairs for Individuals Filing for Bankruptcy						
info	rmati	ion. If mo	d accurate as possil re space is needed, every question.	ole. If two married people are attach a separate sheet to th	filing together, both are en is form. On the top of any a	qually responsible for supply additional pages, write your	ving correct name and case numbe
Pa	rt 1:	Give De	tails About Your Ma	rital Status and Where You I	ived Before		
1.	Wha	at is your	current marital statu	s?			
		Married					
		Not marri	ed				
2.	Duri	ing the las	st 3 years, have you	lived anywhere other than w	here you live now?		
	=	No					
		Yes. List	all of the places you liv	red in the last 3 years. Do not in	nclude where you live now.		
	Del	btor 1 Pric	or Address:	Dates Debtor 1 li there	ved Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat	With es an	nin the las d territorie:	t 8 years, did you ev s include Arizona, Cal	er live with a spouse or lega ifornia, Idaho, Louisiana, Neva	l equivalent in a communit ada, New Mexico, Puerto Ric	y property state or territory? co, Texas, Washington and Wi	(Community property sconsin.)
		No					
		Yes. Mak	e sure you fill out Sche	edule H: Your Codebtors (Offic	ial Form 106H).		
Pa	rt 2	Explain	the Sources of You	rIncome			
4.	Fill i	n the total	amount of income yo	nployment or from operating u received from all jobs and all ave income that you receive to	businesses, including part-t	ime activities.	lar years?
		No					
		Yes. Fill i	n the details.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
		calendar y 1 to Dec	year: ember 31, 2015)	■ Wages, commissions, bonuses, tips	\$8,514.71	☐ Wages, commissions, bonuses, tips	•
				☐ Operating a business		Operating a business	
				production of active production of the production of			

Official Form 107

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 35 of 47

Deb	otor 1	<u>Th</u>	ome, Lisa	a A		Cas	e number(if known)		
							50% NOT 050		
					Debtor 1 Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a	VEX.033.5X	Gross income (before deductions and exclusions)
For (Ja	the c	alend 1 to	lar year be December	fore that: 31, 2014)	■ Wages, commissions, bonuses, tips	\$8,004.61	☐ Wages, combonuses, tips	nmissions,	•
					☐ Operating a business		☐ Operating a	business	
5.	other you a	de inc public re filir	ome regard benefit pa ng a joint ca	less of wheth yments; pens se and you h	e during this year or the two ler that income is taxable. Exam- sions; rental income; interest; di ave income that you received to	ples of other income are alim vidends; money collected fron gether, list it only once under	n lawsuits; royalties Debtor 1.	; and gamblir	rity, unemployment, and ig and lottery winnings. I
	List e	ach s	ource and t	he gross inco	ome from each source separate	ly. Do not include income that	you listed in line 4.		
		No							
	П	Yes.	Fill in the de	etails.					
					Debtor 1 Sources of income Describe below	Gross income (before deductions and exclusions)	Debtor 2 Sources of inc Describe below	NEW (1977)	Gross income (before deductions and exclusions)
Par	t 3:	List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
		No.	Neither Dindividual production individual pr	ebtor 1 nor I orimarily for a 90 days befor Go to line List below creditor. D payments to adjustmen	each creditor to whom you paid o not include payments for do to an attorney for this bankrupto t on 4/01/16 and every 3 years	mer debts. Consumer debts purpose." you pay any creditor a total of a total of \$6,225* or more in emestic support obligations, stry case. after that for cases filed on or	\$6,225* or more? one or more payme uch as child suppo	nts and the to	otal amount you paid that
		Yes.	Debtor 1 of During the	or Debtor 2 o 90 days befo	or both have primarily consu ore you filed for bankruptcy, did	mer debts. you pay any creditor a total of	\$600 or more?		
			■ No.	Go to line	7.				
			□ Yes	payments	each creditor to whom you paid for domestic support obligations uptcy case.	a total of \$600 or more and the s, such as child support and a	ne total amount you limony. Also, do no	paid that cre t include pay	ditor. Do not include ments to an attorney for
	Cre	ditor's	s Name and	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for
7.	Inside which	ers ind 1 you :	clude your r are an office	elatives; any e er, director, p	r bankruptcy, did you make a general partners; relatives of an erson in control, or owner of 20 prietor. 11 U.S.C. § 101. Include	y general partners; partnershi % or more of their voting secu	ps of which you are rities: and any man	e a general pa aging agent.	irtner; corporations of including one for a
		No Voc. I	ist all naum	onts to on in	oldor				
			Name and	nents to an in Address	Dates of payme	nt Total amount	Amount you still owe	Reason fo	r this payment
	820	8 Se	Γhome ward Rd - 60431-8	294		\$200.00	\$2,500.00		

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 36 of 47

Del	otor 1 Th	ome, Lisa A		Cas	e number(if known)		
	insider? Include pay	ments on debts guaranteed or o	cosigned by an insider.				
	■ No						
	☐ Yes. t	ist all payments to an insider					
	Insider's	Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this Include creditor's	
Par	t4: Iden	tify Legal Actions, Reposses	sions, and Foreclosures				
9.	Within 1 y List all suc and contra	ear before you filed for bank h matters, including personal inj ct disputes.	ruptcy, were you a party in ar ury cases, small claims actions	ny lawsuit, court action, divorces, collection s	on, or administrat uits, paternity action	ive proceeding? ns, support or custo	dy modifications,
	□ No						
	Yes.	Fill in the details.					
	Case title		Nature of the case	Court or agency		Status of the ca	se
	Caton R Thome a 15SC24	idge HOA vs Wayne and Lisa Thome 53	small claims	Will County Ci 128 S County F Wheaton, IL 60	arm Rd	☐ Pending ☐ On appeal ☐ Concluded	
10.	Check all t	ear before you filed for banks hat apply and fill in the details to the second fill in the details to the fill in the information below.	ruptcy, was any of your prop pelow.	erty repossessed, fo	reclosed, garnish	ed, attached, seize	ed, or levied?
	Creditor I	Name and Address	Describe the Property		Date		Value of the
			Explain what happene	d			property
11.	■ No	days before you filed for ban or refuse to make a payment Fill in the details.	kruptcy, did any creditor, inc because you owed a debt?	luding a bank or fina	ncial institution,	set off any amoun	ts from your
		Name and Address	Describe the action th	e creditor took	Date :	action was	Amount
12.	Within 1 y	ear before you filed for bankı olnted receiver, a custodian,	ruptcy, was any of your proportion	erty in the possessio	n of an assignee	for the benefit of o	reditors, a
	■ No						
Par	t 5: List	Certain Gifts and Contribution	ine				
	100						
13.	■ No	ears before you filed for bank Fill in the details for each gift.	rruptcy, did you give any gift	s with a total value o	f more than \$600	per person?	
		a total value of more than \$6	00 per Describe the gifts	.	Dates the gi	you gave fts	Value
	Person to	Whom You Gave the Gift an	d				

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 37 of 47

Dei	DIOF 1	I nome, Lisa A		Case number (if known)	
14.		in 2 years before you filed for bank No Yes. Fill in the details for each gift or c	ruptcy, did you give any gifts or contribut	tions with a total value of more than s	\$600 to any charity
	Gift mor Cha	s or contributions to charities that re than \$600 arity's Name Iress (Number, Street, City, State and ZIP Co	total Describe what you contributed	d Dates you contributed	Value
Pai	t 6:	List Certain Losses			
15.	With or ga	in 1 year before you filed for bankru ambling?	uptcy or since you filed for bankruptcy, d	id you lose anything because of thefi	t, fire, other disaster,
	_	No Yes. Fill in the details.			
		cribe the property you lost and v the loss occurred	Describe any Insurance coverage for the Include the amount that insurance has painsurance claims on line 33 of Schedule A.	nid. List pending loss	Value of property losi
Par	t 7:	List Certain Payments or Transfer	rs		
16.	cons	sulted about seeking bankruptcy or	uptcy, did you or anyone else acting on yo preparing a bankruptcy petition? preparers, or credit counseling agencies for se		ty to anyone you
		No			
		Yes. Fill in the details.			
	Add	son Who Was Paid Iress ail or website address son Who Made the Payment, if Not Y	Description and value of any p transferred You	property Date payment or transfer was made	Amount of payment
	Bria 437	an Wright & Associates, P.C. 7 West State Street Suite 101 camore, IL 60178	\$1,200.00		\$0.00
		cess Counseling		9/16/15 \$9.00 3/10/16 \$14.95	\$23.95
	We	bsite			
17.	pron	in 1 year before you filed for bankru nised to help you deal with your cre ot include any payment or transfer that	uptcy, did you or anyone else acting on yo editors or to make payments to your credi you listed on line 16.	our behalf pay or transfer any proper tors?	ty to anyone who
		No			
		Yes. Fill in the details.			
	0.3057035	son Who Was Paid Iress	Description and value of any p transferred	property Date payment or transfer was made	Amount of payment
18.	trans Inclu gifts	sferred in the ordinary course of you de both outright transfers and transfers and transfers that you have already list	s made as security (such as the granting of a	200 300 35	8 0 8
	_	No Yes. Fill in the details.			
	5005	son Who Received Transfer	Description and value of	Describe any property or	Date transfer was
		lress son's relationship to you	property transferred	payments received or debts paid in exchange	made
10			land the second		
19.	with	in 10 years before you filed for bank	kruptcy, did you transfer any property to	a self-settled trust or similar device of	of which you are a

Official Form 107

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 38 of 47

De	btor 1	Thome, Lisa A	***	Case nu	ımber(if known)	
	bene	eficiary? (These are often called asset-protein	ection devices.)			
	_	No Yes. Fill in the details.				
	Nar	ne of trust	Description and	value of the property tran	nsferred	Date Transfer was made
Pa	rt 8:	List of Certain Financial Accounts, Ins	truments Safe Denos	It Royes and Storage Unit		
						N VACO D DE
20.	sold Inclu	in 1 year before you filed for bankruptcy , moved, or transferred? ide checking, savings, money market, o ses, pension funds, cooperatives, assoc	r other financial accou	ints; certificates of deposi		
		No				
		Yes. Fill in the details.				
		ne of Financial Institution and Iress (Number, Street, City, State and ZIP)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do y	ou now have, or did you have within 1 y , or other valuables?	ear before you filed fo	or bankruptcy, any safe de	posit box or other depos	sitory for securities,
		No Yes. Fill in the details.				
		ne of Financial Institution Iress (Number, Street, City, State and ZIP Code)	Who else had an Address (Number and ZIP Code)		e the contents	Do you still have it?
22.	Have	you stored property in a storage unit o	r place other than you	ır home within 1 year befo	re you filed for bankrupt	су
		No				
		Yes. Fill in the details.				
		ne of Storage Facility iress (Number, Street, City, State and ZIP Code)	Who else has on to it? Address (Number and ZIP Code)		e the contents	Do you still have it?
Pa	rt 9:	Identify Property You Hold or Control	for Someone Else			
23.	Do y	ou hold or control any property that sor		lude any property you bor	rowed from, are storing	for, or hold in trust for
		No				
		Yes. Fill in the details.				
	Ow	ner's Name Iress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City Code)		e the property	Value
Pa	rt 10:	Give Details About Environmental Info	VocChapters → W to +			
		urpose of Part 10, the following definitio				
	toxic	ironmental law means any federal, state, s substances, wastes, or material into th rolling the cleanup of these substances,	e air, land, soil, surfac	ulation concerning pollut e water, groundwater, or d	ion, contamination, relea other medium, including	ses of hazardous or statutes or regulations
	Site	means any location, facility, or property , operate, or utilize it, including disposal	as defined under any	environmental law, wheth	er you now own, operat	e, or utilize it or used to
	Haza mate	ardous material means anything an envi erial, pollutant, contaminant, or similar te	ronmental law defines erm.	as a hazardous waste, ha	zardous substance, toxi	c substance, hazardous

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 39 of 47

De	btor 1	Thome, Lisa A		Case number(if known)	·
24.	Has a	any governmental unit notified you that	you may be liable or potentially liable ur	nder or in violation of an environmer	ital law?
			and the property of the Control of t		
	W	No Yes. Fill in the details.			
		ne of site	Governmental unit	Environmental law if you	Data of matter
	10000000	ress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of a	ny release of hazardous material?		
		No Yes. Fill in the details.			
	10000000	ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or admi	inistrative proceeding under any enviro	nmental law? Include settlements an	d orders.
		No			
		Yes. Fill in the details.			
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pa	rt 11:	Give Details About Your Business or C	onnections to Any Business		
27.	Withi	in 4 years before you filed for bankruptc	v did vou own a husiness or have any	of the following connections to any h	uninees?
		☐ A sole proprietor or self-employed in			iusiness r
		☐ A member of a limited liability compa			
		<u>1241</u> 85 85	my (EEO) or minited hability partitership	(CLF)	
		☐ A partner in a partnership			
		An officer, director, or managing exec			
		☐ An owner of at least 5% of the voting	or equity securities of a corporation		
		No. None of the above applies. Go to Pa	rt 12.		
		Yes. Check all that apply above and fill i	n the details below for each business.		
	1000 1000	iness Name Iress	Describe the nature of the business	Employer Identification number	
	53.5,773.70	ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security r	lumber or ITIN.
20	1A/ioh	in 2 years before you filed for hout-	u did ugu ghu a financial atata		
20.	instit	in 2 years before you filed for bankrupto tutions, creditors, or other parties.	y, did you give a financial statement to a	anyone about your business? Includ	e all financial
		No			
		Yes. Fill in the details below.			
		ne ress ber, Street, City, State and ZIP Code)	Date Issued		
Pai	VV 10.	Sign Below			
true ban	and c	d the answers on this Statement of Final correct. I understand that making a false by case can result in fines up to \$250,000 §§ 152, 134) 1519, and 3571	statement, concealing property, or obta	ining money or property by fraud in	t the answers are connection with a
1	-XI	SO H THONKY			
		Thome e of Debtor 1	Signature of Debtor 2		
Dat	e <u>M</u>	larch 16, 2016	Date		

Official Form 107

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 40 of 47

Debtor 1	Thome, Lisa A	Case number(if known)
Did you a ■ No □ Yes	ttach additional pages to Your Statement of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
Did you p ■ No	ay or agree to pay someone who is not an attorney to help you fill out bankr	uptcy forms?
☐ Yes. N	ame of Person Attach the Bankruptcy Petition Preparer's Notice, Declarati	on, and Signature (Official Form 119).

Official Form 107

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 41 of 47

United States Bankruptcy Court Northern District of Illinois, Western Division

IN RE:			Case No
Thome, Lisa A			Chapter 7
	Debtor(s)		- (SA) 570.01 (SA) (SA)
	VERIFICATION (OF CREDITOR MATR	IX
			Number of Creditors 29
The above-named Debtor(s) hereby Date: March 16, 2016	Debtor verifies that the list of	creditors is true and corre	ect to the best of my (our) knowledge.
	Joint Debtor		

Advanced Radiology Consultants 1775 Dempster St Park Ridge, IL 60068-1143

Adventist Bolingbrook Hospit 500 Remington Blvd Bolingbrook, IL 60440-4906

Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL 60440-4906

Afni, Inc. PO Box 3097 Bloomington, IL 61702-3097

AT& T Mobility 5565 Glenridge Connector Atlanta, GA 30342-4756

AT&T 175 E Houston St San Antonio, TX 78205-2255

AT&T Headquarters 175 E Houston St San Antonio, TX 78205-2255 Central Dupage Hospital 25 N Winfield Rd Winfield, IL 60190-1295

Central Dupage Physicians Group 875 Roosevelt Rd Glen Ellyn, IL 60137-6101

COMCAST 1500 Market St Philadelphia, PA 19102-2100

Creditors Protection S 308 W State St Ste 485 Rockford, IL 61101-1196

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256-7412

Illinois Collection SE 8231 185th St Ste 100 Tinley Park, IL 60487-9356

Illinois Department of Revenue 200 S Wyman St Rockford, IL 61101-1231 Judy DeVriendt 24 W Cass St Joliet, IL 60432-4116

Kishwaukee Medical Associates 954 W State St Sycamore, IL 60178-1335

Merchants Cr 223 W Jackson Blvd Ste 4 Chicago, IL 60606-6908

Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606-6908

Ocwen Loan Servicing 1661 Worthington Rd Ste 100 West Palm Beach, FL 33409-6493

Pan Am Coll 707 N East St Bloomington, IL 61701-3059

Physicians Immediate Care 2496 Dekalb Ave Sycamore, IL 60178-3153 Potestivo & Associates, P.C. 223 W Jackson Blvd Ste 610 Chicago, IL 60606-6911

Pro Town Properties 220 N Broadway St Joliet, IL 60435-7167

Rockford Mer 2502 S Alpine Rd Rockford, IL 61108-7813

Rrca Acct Mgmt 201 E 3rd St Sterling, IL 61081-3611

Southwest Credit Syste 4120 International Pkwy Carrollton, TX 75007-1957

U.S. Bank 800 Nicollet Mall Minneapolis, MN 55402-7000

Ultra Care Home Medical 2400 E Devon Ave Des Plaines, IL 60018-4619 Wayne Thome 8202 Seward Rd Joliet, IL 60431-8294

Case 16-80695 Doc 1 Filed 03/22/16 Entered 03/22/16 16:05:01 Desc Main Document Page 47 of 47

B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Western Division

Case No.
Chapter 7
■ 100 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
CE TO CONSUMER DEBTOR(S) HE BANKRUPTCY CODE
Bankruptcy Petition Preparer
or's petition, hereby certify that I delivered to the debtor the attached
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)
sponsible person, or
of the Debtor
e attached notice, as required by § 342(b) of the Bankruptcy Code.
X Signature of Debtor Date
X Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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